

*Environmental
Strategies
& Management, Inc.*

184 West Main Street
Norton, MA 02766
508-285-9700
508-285-9957 fax

MA - 04I - 110
MA 6/10/06
DC

Letter of Transmittal

To: US Environmental Protection Agency – RGP-NOC Processing

From: Joe Callahan, ES&M

Date: October 7, 2005

Re: CITGO Terminal/BELD RGP Application (MCP DEP Site #3-0260)

☐ **Urgent** ☒ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

● **Comments:**

To Whom It May Concern:

Attached are completed and signed NOI form(s) with backup for coverage of a single direct remediation system discharge under the Remediation General Permit program. Please note that the NOI forms are being submitted as owner (CITGO Petroleum Corp) and operator/contractor (ES&M), otherwise co-permittees. If you have any questions or require additional information, please call me at 508-285-9700.

Thank you.

Joe Callahan

OCT 11 2005

B. Suggested Form for Notice of Intent (NOI) for the Remediation General Permit

1. General site information. Please provide the following information about the site:

a) Name of facility/site: <u>CITGO Terminal / BELD</u>		Facility/site address:	
Location of facility/site: longitude: _____ latitude: _____ <u>70°58'08" 42°14'02"</u>	Facility SIC code(s): <u>5171</u>	Street: <u>385 Quincy Avenue</u>	
b) Name of facility/site owner: <u>CITGO Petroleum Corp.</u>		Town: <u>Braintree, MA</u>	
Email address of owner: <u>DGriffin@CITGO.com</u>		State: <u>MA</u>	Zip: <u>02154</u>
Telephone no. of facility/site owner: <u>856-963-1251</u>		County: <u>Norfolk</u>	
Fax no. of facility/site owner: <u>856-963-2587</u>		Owner is (check one): 1. Federal _____ 2. State/Tribal _____ 3. Private _____ 4. other, if so, describe:	
Address of owner (if different from site):			
Street: <u>P.O. Box 655</u>			
Town: <u>Pennsauken</u>	State: <u>NJ</u>	Zip: <u>08110</u>	County:
c) Legal name of operator/contractor: <u>Environmental Strategies and Management</u>	Operator telephone no: <u>508-285-9700</u>		
	Operator fax no.: <u>508-285-9957</u>		Operator email: <u>jcallahan@esm-inc.com</u>
Operator contact name and title: <u>Joseph L. Callahan, Project Manager</u>			

Address of operator (if different from owner): 184 W		Street: 184 West Main St.	
Town: Norton	State: MA	Zip: 02766	County: Bristol
<p>d) Check "yes" or "no" for the following:</p> <p>1. Has a prior NPDES permit exclusion been granted for the discharge? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> if "yes," number: Tracking # [REDACTED]</p> <p>2. Has a prior NPDES application (Form 1 & 2C) ever been filed for the discharge? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if "yes," date and tracking #:</p> <p>3. Is the discharge a "new discharge" as defined by 40 CFR 122.2? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>4. For sites in Massachusetts, is the discharge covered under the MA Contingency Plan (MCP) and exempt from state permitting? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>			
<p>e) Is site/facility subject to any State permitting or other action which is causing the generation of discharge? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If "yes," please list:</p> <p>1. site identification # assigned by the state of NH or MA:</p> <p>2. permit or license # assigned: MA 0004782</p> <p>3. state agency contact information: name, location, and telephone number: MADEP Division of Watershed Mgt. Worcester, MA. 508-792-7650</p>		<p>f) Is the site/facility covered by any other EPA permit, including:</p> <p>1. multi-sector storm water general permit? Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if Y, number:</p> <p>2. phase I or II construction storm water general permit? Y <input type="checkbox"/> N <input checked="" type="checkbox"/> if Y, number:</p> <p>3. individual NPDES permit? Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if Y, number: MA 0004782</p> <p>4. any other water quality related permit? Y <input type="checkbox"/> N <input checked="" type="checkbox"/> if Y, number:</p>	

2. Discharge information. Please provide information about the discharge, (attaching additional sheets as needed) including:

<p>a) Describe the discharge activities for which the owner/applicant is seeking coverage:</p> <p style="font-size: 1.2em;">Discharge of treated effluent water from an MCP-related groundwater remediation system.</p>		
<p>b) Provide the following information about each discharge:</p>	<p>1) Number of discharge points: 1</p>	<p>2) What is the maximum and average flow rate of discharge (in cubic feet per second, ft³/s)? Max. flow <u>0.067 cfs</u></p> <p>Average flow <u>0.011 cfs</u> Is maximum flow a design value? Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>For average flow, include the units and appropriate notation if this value is a design value or estimate if not available.</p>
<p>3) Latitude and longitude of each discharge within 100 feet: pt.1: long. <u>70° 58' 08"</u> lat. <u>42° 14' 02"</u>; pt.2: long. _____ lat. _____; pt.3: long. _____ lat. _____; pt.4: long. _____ lat. _____; pt.5: long. _____ lat. _____; pt.6: long. _____ lat. _____; pt.7: long. _____ lat. _____; pt.8: long. _____ lat. _____; etc.</p>		

4) If hydrostatic testing, total volume of the discharge (gals): <u>NA</u>	5) Is the discharge intermittent <input checked="" type="checkbox"/> or seasonal _____? Is discharge ongoing Yes <input checked="" type="checkbox"/> No _____?
c) Expected dates of discharge (mm/dd/yy): start <u>3/01/05</u> end <u>2/28/10</u>	
d) Please attach a line drawing or flow schematic showing water flow through the facility including: 1. sources of intake water, 2. contributing flow from the operation, 3. treatment units, and 4. discharge points and receiving waters(s).	

See attached P&ID

3. Contaminant information. In order to complete this section, the applicant will need to take a minimum of one sample of the untreated water and have it analyzed for **all** of the parameters listed in Appendix III. Historical data, (i.e., data taken no more than 2 years prior to the effective date of the permit) may be used if obtained pursuant to: i. Massachusetts' regulations 310 CMR 40.0000, the Massachusetts Contingency Plan ("Chapter 21E"); ii. New Hampshire's Title 50 RSA 485-A: Water Pollution and Waste Disposal or Title 50 RSA 485-C: Groundwater Protection Act; or iii. an EPA permit exclusion letter issued pursuant to 40 CFR 122.3, provided the data was analyzed with test methods that meet the requirements of this permit. Otherwise, a new sample shall be taken and analyzed.

a) Based on the analysis of the sample(s) of the untreated influent, the applicant must check the box of the sub-categories that the potential discharge falls within.

Gasoline Only	VOC Only	Primarily Metals	Urban Fill Sites	Contaminated Sumps	Mixed Contaminants	Aquifer Testing
Fuel Oils (and Other Oils) only	VOC with Other Contaminants	Petroleum with Other Contaminants	Listed Contaminated Sites	Contaminated Dredge Condensates	Hydrostatic Testing of Pipelines/Tanks	Well Development or Rehabilitation

b) Based on the analysis of the untreated influent, the applicant must indicate whether each listed chemical is **believed present** or **believed absent** in the potential discharge. Attach additional sheets as needed.

PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
1. Total Suspended Solids	✓									
2. Total Residual Chlorine	✓									
3. Total Petroleum Hydrocarbons		✓								
4. Cyanide	✓									
5. Benzene		✓								
6. Toluene		✓								
7. Ethylbenzene		✓								
8. (m,p,o) Xylenes		✓								
9. Total BTEX ⁴		✓								

⁴BTEX = Sum of Benzene, Toluene, Ethylbenzene, total Xylenes.

PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
10. Ethylene Dibromide (1,2- Dibromo-methane)	✓									
11. Methyl-tert-Butyl Ether (MtBE)	✓									
12. tert-Butyl Alcohol (TBA)	✓									
13. tert-Amyl Methyl Ether (TAME)	✓									
14. Naphthalene		✓								
15. Carbon Tetra-chloride	✓									
16. 1,4 Dichlorobenzene	✓									
17. 1,2 Dichlorobenzene	✓									
18. 1,3 Dichlorobenzene	✓									
19. 1,1 Dichloroethane	✓									
20. 1,2 Dichloroethane	✓									
21. 1,1 Dichloroethylene	✓									
22. cis-1,2 Dichloro-ethylene	✓									
23. Dichloromethane (Methylene Chloride)	✓									
24. Tetrachloroethylene	✓									

PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Avg. daily Value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
25. 1,1,1 Trichloroethane	✓									
26. 1,1,2 Trichloroethane	✓									
27. Trichloroethylene	✓									
28. Vinyl Chloride	✓									
29. Acetone	✓									
30. 1,4 Dioxane	✓									
31. Total Phenols	✓									
32. Pentachlorophenol	✓									
33. Total Phthalates ⁵ (Phthalate esters)	✓									
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]	✓									
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)	✓									
a. Benzo(a) Anthracene	✓									
b. Benzo(a) Pyrene	✓									
c. Benzo(b) Fluoranthene	✓									
d. Benzo(k) Fluoranthene	✓									
e. Chrysene	✓									

⁵The sum of individual phthalate compounds.

PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Average daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
f. Dibenzo(a,h) anthracene	✓									
g. Indeno(1,2,3-cd) Pyrene	✓									
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)		✓								
h. Acenaphthene		✓								
i. Acenaphthylene		✓								
j. Anthracene		✓								
k. Benzo(ghi) Perylene		✓								
l. Fluoranthene		✓								
m. Fluorene		✓								
n. Naphthalene-		✓								
o. Phenanthrene		✓								
p. Pyrene		✓								
37. Total Polychlorinated Biphenyls (PCBs)	✓									
38. Antimony	✓									
39. Arsenic	✓									
40. Cadmium	✓									
41. Chromium III	✓									
42. Chromium VI	✓									

PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
43. Copper	✓									
44. Lead	✓									
45. Mercury	✓									
46. Nickel	✓									
47. Selenium	✓									
48. Silver	✓									
49. Zinc	✓									
50. Iron	✓									
Other (describe):										

c) For discharges where **metals** are believed present, please fill out the following:

<p><i>Step 1:</i> Do any of the metals in the influent have a reasonable potential to exceed the effluent limits in Appendix III (i.e., the limits set at zero to five dilutions)? Y___ N <u>✓</u></p>	<p>If yes, which metals?</p>
<p><i>Step 2:</i> For any metals which have reasonable potential to exceed the Appendix III limits, calculate the dilution factor (DF) using the formula in Part I.A.3.c) (step 2) of the NOI instructions or as determined by the State prior to the submission of this NOI. What is the dilution factor for applicable metals? Metals: _____ DF: _____</p>	<p>Look up the limit calculated at the corresponding dilution factor in Appendix IV. Do any of the metals in the influent have the potential to exceed the corresponding effluent limits in Appendix IV (i.e., is the influent concentration above the limit set at the calculated dilution factor)? Y___ N___ If "Yes," list which metals:</p>

4. Treatment system information. Please describe the treatment system using separate sheets as necessary, including:

a) A description of the treatment system, including a schematic of the proposed or existing treatment system: <i>(See attached figures)</i> <i>Recovery of contaminated groundwater from 7-10 pumping wells to a treatment system consisting of oil/water separation, filtration and granulated activated carbon prior to discharge.</i>						
b) Identify each applicable treatment unit (check all that apply):	Frac. tank	Air stripper	Oil/water separator ✓	Equalization tanks	Bag filter ✓	GAC filter ✓
	Chlorination	Dechlorination	Other (please describe):			
c) Proposed average and maximum flow rates (gallons per minute) for the discharge and the design flow rate(s) (gallons per minute) of the treatment system: Average flow rate of discharge <i>5 GPM</i> Maximum flow rate of treatment system <i>30 GPM</i> Design flow rate of treatment system <i>30 GPM</i>						
d) A description of chemical additives being used or planned to be used (attach MSDS sheets): <i>NA</i>						

5. Receiving surface water(s). Please provide information about the receiving water(s), using separate sheets as necessary:

a) Identify the discharge pathway:	Direct <input checked="" type="checkbox"/>	Within facility <input type="checkbox"/>	Storm drain <input type="checkbox"/>	River/brook <input type="checkbox"/>	Wetlands <input type="checkbox"/>	Other (describe):
b) Provide a narrative description of the discharge pathway, including the name(s) of the receiving waters: <i>Treated effluent water flows via gravity through underground PVC piping to Weymouth-Fore River</i>						

c) Attach a detailed map(s) indicating the site location and location of the outfall to the receiving water: attached
 1. For multiple discharges, number the discharges sequentially.
 2. For indirect discharges, indicate the location of the discharge to the indirect conveyance and the discharge to surface water
 The map should also include the location and distance to the nearest sanitary sewer as well as the locus of nearby sensitive receptors (based on USGS topographical mapping), such as surface waters, drinking water supplies, and wetland areas.

d) Provide the state water quality classification of the receiving water SB,

e) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water _____ cfs
 Please attach any calculation sheets used to support stream flow and dilution calculations. None found

f) Is the receiving water a listed 303(d) water quality impaired or limited water? Yes _____ No ☒ If yes, for which pollutant(s)?

Is there a TMDL? Yes _____ No ☒ If yes, for which pollutant(s)?

6. Results of Consultation with Federal Services: Please provide the following information according to requirements of Part I.B.4 and Appendices II and VII.

a) Are any listed threatened or endangered species, or designated critical habitat, in proximity to the discharge? Yes _____ No ☒
 Has any consultation with the federal services been completed? No ☒ or is consultation underway? Yes _____ No ☒
 What were the results of the consultation with the U.S. Fish and Wildlife Service and/or National Marine Fisheries Service (check one):
 a "no jeopardy" opinion? _____ or written concurrence _____ on a finding that the discharges are not likely to adversely affect any endangered species or critical habitat?

b) Are any historic properties listed or eligible for listing on the National Register of Historic Places located on the facility or site or in proximity to the discharge?
 Yes _____ No ☒ Have any state or tribal historic preservation officer been consulted in this determination (Massachusetts only)? Yes _____ No ☒

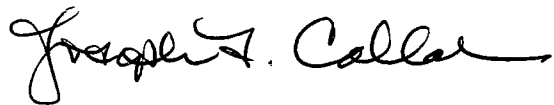
7. Supplemental information. :

Please provide any supplemental information. Attach any analytical data used to support the application. Attach any certification(s) required by the general permit.

See attached

8. Signature Requirements: The Notice of Intent must be signed by the operator in accordance with the signatory requirements of 40 CFR Section 122.22, including the following certification:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I certify that I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Facility/Site Name:	CITGO Terminal / BELD
Contractor/ Operator signature:	
Title:	Project Manager
Date:	10/7/05

B. Suggested Form for Notice of Intent (NOI) for the Remediation General Permit**1. General site information.** Please provide the following information about the site:

a) Name of facility/site: <u>CITGO Terminal / BELD</u>		Facility/site address:	
Location of facility/site: longitude: <u>70°58'08"</u> latitude: <u>42°14'02"</u>	Facility SIC code(s): <u>5171</u>	Street: <u>385 Quincy Avenue</u>	
b) Name of facility/site owner: <u>CITGO Petroleum Corp.</u>		Town: <u>Braintree #</u>	
Email address of owner: <u>Donald Griffin</u> <u>DGriffin@CITGO.com</u>		State: <u>MA.</u>	Zip: <u>02184</u>
Telephone no. of facility/site owner: <u>856-963-1251</u>		County: <u>Norfolk</u>	
Fax no. of facility/site owner: <u>856-963-2587</u>		Owner is (check one): 1. Federal <input type="checkbox"/> 2. State/Tribal <input type="checkbox"/>	
Address of owner (if different from site):		3. Private <input checked="" type="checkbox"/> 4. other, if so, describe:	
Street: <u>P.O. Box 655</u>			
Town: <u>Pennsauken</u>	State: <u>N.J.</u>	Zip: <u>08110</u>	County:
c) Legal name of operator/owner: <u>Donald Griffin, Jr.</u> <u>CITGO Petroleum Corp.</u>	Operator telephone no: <u>856-963-1251</u>		
	Operator fax no.: <u>856-963-2587</u>		Operator email: <u>DGriffin@CITGO.com</u>
Operator contact name and title: <u>Donald Griffin, Jr. / EHSS Manager</u>			

Address of operator (if different from owner):	Street:		
Town:	State:	Zip:	County:

d) Check "yes" or "no" for the following:

1. Has a prior NPDES permit exclusion been granted for the discharge? Yes ☒ No ☐, if "yes," number: Tracking # MA 04I-110

2. Has a prior NPDES application (Form 1 & 2C) ever been filed for the discharge? Yes ☐ No ☒, if "yes," date and tracking #:

3. Is the discharge a "new discharge" as defined by 40 CFR 122.2? Yes ☐ No ☒

4. For sites in Massachusetts, is the discharge covered under the MA Contingency Plan (MCP) and exempt from state permitting? Yes ☒ No ☐

<p>e) Is site/facility subject to any State permitting or other action which is causing the generation of discharge? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If "yes," please list:</p> <p>1. site identification # assigned by the state of NH or MA:</p> <p>2. permit or license # assigned: <u>MA 0004782</u></p> <p>3. state agency contact information: name, location, and telephone number: <u>MADEP Division of Watershed Mgt., Worcester, MA.</u> <u>508-792-7650</u></p>	<p>f) Is the site/facility covered by any other EPA permit, including:</p> <p>1. multi-sector storm water general permit? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>, if Y, number:</p> <p>2. phase I or II construction storm water general permit? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>, if Y, number:</p> <p>3. individual NPDES permit? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>, if Y, number: <u>MA 0004782</u></p> <p>4. any other water quality related permit? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>, if Y, number:</p>
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2. Discharge information. Please provide information about the discharge, (attaching additional sheets as needed) including:

a) Describe the discharge activities for which the owner/applicant is seeking coverage:

Discharge of treated effluent water from an MCP-related groundwater remediation system.

b) Provide the following information about each discharge:	1) Number of discharge points: <u>1</u>	<p>2) What is the maximum and average flow rate of discharge (in cubic feet per second, ft³/s)? Max. flow <u>0.067 cfs</u></p> <p>Average flow <u>0.011 cfs</u> Is maximum flow a design value? Y <input checked="" type="checkbox"/> N <input type="checkbox"/></p> <p>For average flow, include the units and appropriate notation if this value is a design value or estimate if not available.</p>
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3) Latitude and longitude of each discharge within 100 feet: pt.1: long. 70°58'08" lat. 42°14'02"; pt.2: long. _____ lat. _____; pt.3: long. _____ lat. _____; pt.4: long. _____ lat. _____; pt.5: long. _____ lat. _____; pt.6: long. _____ lat. _____; pt.7: long. _____ lat. _____; pt.8: long. _____ lat. _____; etc.

4) If hydrostatic testing, total volume of the discharge (gals): <u>NA</u>	5) Is the discharge intermittent <input checked="" type="checkbox"/> or seasonal _____? Is discharge ongoing Yes <input checked="" type="checkbox"/> No _____?
c) Expected dates of discharge (mm/dd/yy): start <u>2/01/05</u> end <u>2/28/10</u>	
d) Please attach a line drawing or flow schematic showing water flow through the facility including: 1. sources of intake water, 2. contributing flow from the operation, 3. treatment units, and 4. discharge points and receiving waters(s).	

See attached P&ID

3. Contaminant information. In order to complete this section, the applicant will need to take a minimum of one sample of the untreated water and have it analyzed for **all** of the parameters listed in Appendix III. Historical data, (i.e., data taken no more than 2 years prior to the effective date of the permit) may be used if obtained pursuant to: i. Massachusetts' regulations 310 CMR 40.0000, the Massachusetts Contingency Plan ("Chapter 21E"); ii. New Hampshire's Title 50 RSA 485-A: Water Pollution and Waste Disposal or Title 50 RSA 485-C: Groundwater Protection Act; or iii. an EPA permit exclusion letter issued pursuant to 40 CFR 122.3, provided the data was analyzed with test methods that meet the requirements of this permit. Otherwise, a new sample shall be taken and analyzed.

a) Based on the analysis of the sample(s) of the untreated influent, the applicant must check the box of the sub-categories that the potential discharge falls within.

Gasoline Only	VOC Only	Primarily Metals	Urban Fill Sites	Contaminated Sumps	Mixed Contaminants	Aquifer Testing
Fuel Oils (and Other Oils) only	VOC with Other Contaminants	Petroleum with Other Contaminants	Listed Contaminated Sites	Contaminated Dredge Condensates	Hydrostatic Testing of Pipelines/Tanks	Well Development or Rehabilitation

b) Based on the analysis of the untreated influent, the applicant must indicate whether each listed chemical is **believed present** or **believed absent** in the potential discharge. Attach additional sheets as needed.

PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
1. Total Suspended Solids	✓									
2. Total Residual Chlorine	✓									
3. Total Petroleum Hydrocarbons		✓								
4. Cyanide	✓									
5. Benzene		✓								
6. Toluene		✓								
7. Ethylbenzene		✓								
8. (m,p,o) Xylenes		✓								
9. Total BTEX ⁴		✓								

⁴ BTEX = Sum of Benzene, Toluene, Ethylbenzene, total Xylenes.

PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
10. Ethylene Dibromide (1,2- Dibromo-methane)	✓									
11. Methyl-tert-Butyl Ether (MtBE)	✓									
12. tert-Butyl Alcohol (TBA)	✓									
13. tert-Amyl Methyl Ether (TAME)	✓									
14. Naphthalene		✓								
15. Carbon Tetrachloride	✓									
16. 1,4 Dichlorobenzene	✓									
17. 1,2 Dichlorobenzene	✓									
18. 1,3 Dichlorobenzene	✓									
19. 1,1 Dichloroethane	✓									
20. 1,2 Dichloroethane	✓									
21. 1,1 Dichloroethylene	✓									
22. cis-1,2 Dichloroethylene	✓									
23. Dichloromethane (Methylene Chloride)	✓									
24. Tetrachloroethylene	✓									

PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Avg. daily Value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
25. 1,1,1 Trichloroethane	✓									
26. 1,1,2 Trichloroethane	✓									
27. Trichloroethylene	✓									
28. Vinyl Chloride	✓									
29. Acetone	✓									
30. 1,4 Dioxane	✓									
31. Total Phenols	✓									
32. Pentachlorophenol	✓									
33. Total Phthalates ⁵ (Phthalate esthers)	✓									
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]	✓									
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)	✓									
a. Benzo(a) Anthracene	✓									
b. Benzo(a) Pyrene	✓									
c. Benzo(b)Fluoranthene	✓									
d. Benzo(k) Fluoranthene	✓									
e. Chrysene	✓									

⁵The sum of individual phthalate compounds.

PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Average daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
f. Dibenzo(a,h) anthracene	✓									
g. Indeno(1,2,3-cd) Pyrene	✓									
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)		✓								
h. Acenaphthene		✓								
i. Acenaphthylene		✓								
j. Anthracene		✓								
k. Benzo(ghi) Perylene		✓								
l. Fluoranthene		✓								
m. Fluorene		✓								
n. Naphthalene-		✓								
o. Phenanthrene		✓								
p. Pyrene		✓								
37. Total Polychlorinated Biphenyls (PCBs)	✓									
38. Antimony	✓									
39. Arsenic	✓									
40. Cadmium	✓									
41. Chromium III	✓									
42. Chromium VI	✓									

PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
43. Copper	✓									
44. Lead	✓									
45. Mercury	✓									
46. Nickel	✓									
47. Selenium	✓									
48. Silver	✓									
49. Zinc	✓									
50. Iron	✓									
Other (describe):										

c) For discharges where **metals** are believed present, please fill out the following:

<p><i>Step 1:</i> Do any of the metals in the influent have a reasonable potential to exceed the effluent limits in Appendix III (i.e., the limits set at zero to five dilutions)? Y___ N___ <i>✓</i></p>	<p>If yes, which metals?</p>
<p><i>Step 2:</i> For any metals which have reasonable potential to exceed the Appendix III limits, calculate the dilution factor (DF) using the formula in Part I.A.3.c) (step 2) of the NOI instructions or as determined by the State prior to the submission of this NOI. What is the dilution factor for applicable metals?</p> <p>Metals: _____</p> <p>DF: _____</p>	<p>Look up the limit calculated at the corresponding dilution factor in Appendix IV. Do any of the metals in the influent have the potential to exceed the corresponding effluent limits in Appendix IV (i.e., is the influent concentration above the limit set at the calculated dilution factor)?</p> <p>Y___ N___ If "Yes," list which metals:</p>

4. Treatment system information. Please describe the treatment system using separate sheets as necessary, including:

a) A description of the treatment system, including a schematic of the proposed or existing treatment system: <i>(See attached figures)</i> <i>Recovery of contaminated groundwater from 7-10 pumping wells to a treatment system consisting of oil/water separation, filtration and granulated activated carbon prior to discharge.</i>						
b) Identify each applicable treatment unit (check all that apply):	Frac. tank	Air stripper	Oil/water separator ✓	Equalization tanks	Bag filter ✓	GAC filter ✓
	Chlorination	Dechlorination	Other (please describe):			
c) Proposed average and maximum flow rates (gallons per minute) for the discharge and the design flow rate(s) (gallons per minute) of the treatment system: Average flow rate of discharge <u>5 GPM</u> Maximum flow rate of treatment system <u>30 GPM</u> Design flow rate of treatment system <u>30 GPM</u>						
d) A description of chemical additives being used or planned to be used (attach MSDS sheets): <i>NA</i>						

5. Receiving surface water(s). Please provide information about the receiving water(s), using separate sheets as necessary:

a) Identify the discharge pathway:	Direct <u>✓</u>	Within facility__	Storm drain__	River/brook__	Wetlands__	Other (describe):
b) Provide a narrative description of the discharge pathway, including the name(s) of the receiving waters: <i>Treated effluent water flows via gravity Through underground PVC piping to Weymouth - Fore River</i>						

c) Attach a detailed map(s) indicating the site location and location of the outfall to the receiving water: attached
 1. For multiple discharges, number the discharges sequentially.
 2. For indirect discharges, indicate the location of the discharge to the indirect conveyance and the discharge to surface water
 The map should also include the location and distance to the nearest sanitary sewer as well as the locus of nearby sensitive receptors (based on USGS topographical mapping), such as surface waters, drinking water supplies, and wetland areas.

d) Provide the state water quality classification of the receiving water SB,

e) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water _____ cfs
 Please attach any calculation sheets used to support stream flow and dilution calculations. none found

f) Is the receiving water a listed 303(d) water quality impaired or limited water? Yes _____ No ☒ If yes, for which pollutant(s)?

Is there a TMDL? Yes _____ No ☒ If yes, for which pollutant(s)?

6. Results of Consultation with Federal Services: Please provide the following information according to requirements of Part I.B.4 and Appendices II and VII.

a) Are any listed threatened or endangered species, or designated critical habitat, in proximity to the discharge? Yes _____ No ☒
 Has any consultation with the federal services been completed? No ☒ or is consultation underway? Yes _____ No ☒
 What were the results of the consultation with the U.S. Fish and Wildlife Service and/or National Marine Fisheries Service (check one):
 a "no jeopardy" opinion? _____ or written concurrence _____ on a finding that the discharges are not likely to adversely affect any endangered species or critical habitat?

b) Are any historic properties listed or eligible for listing on the National Register of Historic Places located on the facility or site or in proximity to the discharge?
 Yes _____ No ☒ Have any state or tribal historic preservation officer been consulted in this determination (Massachusetts only)? Yes _____ No ☒

7. Supplemental information. :

Please provide any supplemental information. Attach any analytical data used to support the application. Attach any certification(s) required by the general permit.

See attached

6. Results of Consultation with Federal Services: Please provide the following information according to requirements of Part I.B.4 and Appendices II and VII.

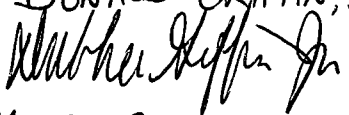
a) Are any listed threatened or endangered species, or designated critical habitat, in proximity to the discharge? Yes ___ No <input checked="" type="checkbox"/> Has any consultation with the federal services been completed? No <input checked="" type="checkbox"/> or is consultation underway? Yes ___ No ___ What were the results of the consultation with the U.S. Fish and Wildlife Service and/or National Marine Fisheries Service (check one): a "no jeopardy" opinion? ___ or written concurrence ___ on a finding that the discharges are not likely to adversely affect any endangered species or critical habitat?
b) Are any historic properties listed or eligible for listing on the National Register of Historic Places located on the facility or site or in proximity to the discharge? Yes ___ No <input checked="" type="checkbox"/> Have any state or tribal historic preservation officer been consulted in this determination (Massachusetts only)? Yes ___ No <input checked="" type="checkbox"/>

7. Supplemental information. :

Please provide any supplemental information. Attach any analytical data used to support the application. Attach any certification(s) required by the general permit.

8. Signature Requirements: The Notice of Intent must be signed by the operator in accordance with the signatory requirements of 40 CFR Section 122.22, including the following certification:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I certify that I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Facility/Site Name:	CITGO Petroleum / BELD
Owner/ Operator signature:	DONALD GRIFFIN, JR. 
Title:	EHSS MANAGER
Date:	10/3/05



SOURCE: U.S.G.S. 7.5 x 15 MINUTE
TOPOGRAPHIC QUADRANGLE

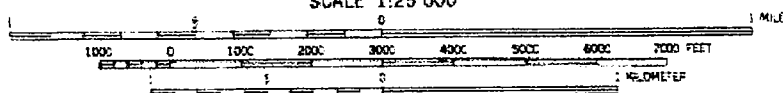
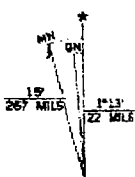
WEYMOUTH, MASS. (1984)

SITE COORDINATES:

LAT: 42° 14' 00" N

LON: 70° 58' 22" W

SCALE 1:25 000



**Environmental
Strategies
& Management, Inc.**

184 West Main Street
Norfolk, MA 02706
(508) 285-9700
(508) 285-9957 fax
info@esm-inc.com

GAUGING DATE:
N/A

DRAWING DATE:
02/06/04

ACAD FILE:
B-C-M LOCUS/CITGO

CITGO SITE LOCUS MAP

CLIENT:

CITGO PETROLEUM PRODUCTS

PM:

DH

LOCATION:

385 QUINCY AVE
BRAintree, MA

LSP:

DH

DESIGNED:

DWG:

AF

PROJECT NO.:

2004-258

FIGURE:

1

Granite State Analytical, LLC

Main Office / Laboratory
22 Manchester Rd. / Rt. 28
Derry, NH 03038
(603) 432-3044

Lab Contact: Donald A. D'Anjou, Ph. D., Laboratory Director

DATE PRINTED: 10/6/2005

CLIENT NAME: Resource Laboratories, LLC
CLIENT ADDRESS: 124 Heritage Avenue
Portsmouth, NH, 03801

CERTIFICATE OF ANALYSIS FOR DRINKING WATER

SAMPLE ID#: 0510-00086-001
SAMPLED BY: Resource Laboratories, LLC
SAMPLE LOCATION: 9320-01
DATE & TIME COLLECTED: 10/3/05 1:00 pm
DATE & TIME RECEIVED: 10/5/05 2:26 pm
ANALYSIS PACKAGE:
RECEIPT TEMPERATURE: 12.2 CELSIUS

Test Description	Results	Test Units	Test Fails	Analyte Method	Analyst	Date & Time Analyzed	MCL
Residual Free Chlorine*	<0.13 (H) (S)	mg/L		SM 4500CL-G	HM	10/5/2005 3:30:00PM	

Note: (H) - Sample received outside of holding time. (S) - Spike result outside control limits - matrix interferences.
This sample meets EPA Safe Water Drinking Act requirements for the parameters tested except as noted under "Test Fails".
If the Test Fails EPA Primary - WATER IS NOT SAFE TO DRINK
If the Test Fails EPA Secondary - Water may be aesthetically unacceptable but Does Not Fail Test.

MCL = Maximum Contaminant Level

* NELAC Accredited Analysis



A handwritten signature in black ink.

Donald A. D'Anjou, Ph.D.
Laboratory Director

This analysis meets NELAC requirements except as noted.
This certificate shall not be reproduced, except in full, without the written approval of Granite State Analytical, Inc.

Lab Number: 9320-01
Sample Designation: CT INF
Date Sampled: 10/3/05
Date Extracted: 10/5/05
Date Analyzed: 10/5/05
Matrix: Water
Dilution Factor: 1
Analyst: AJD

POLYCHLORINATED BIPHENYLS

SW 846 Method 3510C/8082A.

	Concentration	Quantitation Limit
	ug/L	ug/L
PCB-1016	U	0.2
PCB-1242	U	0.2
PCB-1221	U	0.2
PCB-1232	U	0.2
PCB-1248	U	0.2
PCB-1254	U	0.2
PCB-1260	U	0.2

SURROGATE STANDARDS	Recovery	Acceptance Limits
	(%)	(%)
Tetrachloro-m-xylene	58	30-150
Decachlorobiphenyl	70	30-150

U = Below quantitation limit

METALS RESULTS

Lab Number: 9320-01
Sample ID: CT INF
Date Sampled: 10/3/05
Matrix: Water

Analyte	Concentration mg/L	Quantitation Limit mg/L	Analysis Date	Instrument Dil'n Factor	Init	Method Reference
Antimony	< 0.006	0.006	10/5/05	1	BJ5	E200.7
Arsenic	< 0.01	0.01	10/5/05	1	BJ5	E200.7
Beryllium	< 0.004	0.004	10/5/05	1	BJ5	E200.7
Cadmium	< 0.005	0.005	10/5/05	1	BJ5	E200.7
Chromium	< 0.05	0.05	10/5/05	1	BJ5	E200.7
Copper	< 0.05	0.05	10/5/05	1	BJ5	E200.7
Lead	< 0.01	0.01	10/5/05	1	BJ5	E200.7
Mercury	< 0.0009	0.0009	10/5/05	1	BJ5	E245.1
Nickel	0.1	0.05	10/5/05	1	BJ5	E200.7
Selenium	< 0.05	0.05	10/5/05	1	BJ5	E200.7
Silver	< 0.007	0.007	10/5/05	1	BJ5	E200.7
Thallium	< 0.002	0.002	10/5/05	0.5	BJ5	E200.7
Zinc	< 0.05	0.05	10/5/05	1	BJ5	E200.7

Project ID: BELD 2005-311

Lab ID: 9320

Lab Number: 9320-001

Sample ID: CT INF

Matrix: Water

Sampled: 10/3/05 13:00

Parameter:	Result	Quant Limit	Units	Instr Dil'n Factor	Analyst	Prep Date	Analysis Date	Analysis Time	Reference
Cyanide, total	< 0.02	0.02	mg/L	1	APA	10/5/05	10/5/05	N/A	E335.2
Total Suspended Solids (TSS)	< 20	20	mg/L	1	APA	N/A	10/5/05	N/A	E180.2

RL Resource Laboratories, LLC
124 Heritage Avenue • Portsmouth, NH 03801
Phone: 603-436-2001 • Fax: 603-430-2100

ANALYSIS REQUEST

Laboratory Report

Joe Callahan
Environmental Strategies & Management
184 West Main Street
Norton, MA 02766

PO Number: None
LabID: 9046
Date Received: 8/1/05

Project: Beld 2005-311

Attached please find results for the analysis of the samples received on the date referenced above.

Unless otherwise noted in the attached report, the analyses performed met the requirements of Resource Laboratories, LLC Quality Assurance Plan. The Standard Operating Procedures (SOP) are based upon USEPA SW-846, USEPA Methods for Chemical Analysis of Water and Wastewater, Standard Methods for the Examination of Water and Wastewater and other recognized methodologies.

Resource Laboratories, LLC maintains certification with the agencies listed below.

We appreciate the opportunity to provide laboratory services. If you have any questions regarding the enclosed report, please contact the laboratory and we will be glad to assist you.

Sincerely,
Resource Laboratories, LLC



Susan Sylvester
Principal, General Manager

8-12-05

Date

Total number of pages

5

Resource Laboratories, LLC Certifications

New Hampshire NH902
Maine NH903

Connecticut PH-0146
Massachusetts M-NH902

Lab Number: 9046-01
Sample Designation: CT INF
Date Sampled: 8/1/05
Date Extracted: 8/3/05
Date Analyzed: 8/9/05
Matrix: Water
Dilution Factor: 10
Analyst: AJD

TOTAL PETROLEUM HYDROCARBONS
SW 846 3510C/8100 modified

	Concentration ug/L	Quantitation Limit ug/L
TPH	110000	2000

SURROGATE STANDARDS	Recovery (%)	Acceptance Limits (%)
2-fluorobiphenyl	#	40-140
o-terphenyl	#	40-140

= The surrogate could not be determined due to co-eluting hydrocarbons present in the sample.
U = Below quantitation limit